## DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1600 Broadway, Suite 700 Denver, CO 80202-4967



## CENTERS for MEDICARE & MEDICAID SERVICES

**Region VIII** 

WY 0370.R02.00; TH

August 7, 2009

Ms Terri Green State Medicaid Agent Department of Health Office of Health Care Financing 6101 Yellowstone Road Suite 210 Cheyenne Wyoming 82002

Dear Ms. Green:

The purpose of this letter is to correct the unduplicated recipient count (Factor C) and total waiver estimated costs (the product of Factors C and D) which were incorrectly cited in the approval letter dated June 25, 2009. The corrected cost neutrality table below concurs with what CMS approved in your renewal application for the Wyoming Acquired Brain Injury Home and Community-Based Services Waiver. The waiver serves individuals ages 21 to 65 with acquired brain injury who would otherwise require the level of care provided in an intermediate care facility for persons with mental retardation and related conditions. The renewal has been assigned control number WY 0370.R02.00, which should be used in all future correspondences regarding this waiver program.

The renewal has been approved from July 1, 2009 through June 30, 2014, and includes the following estimates of utilization and cost of waiver services:

	Unduplicate d Recipients (Factor C)	Communit y Costs (Factor D + D')	Institutional Costs (Factor G + G')	Total Waiver Est. Costs (Factor C x Factor D)
Year 1	215	\$46,548	\$208,677	\$1,391,265
Year 2	215	\$49,215	\$208,677	\$1,391,265
Year 3	215	\$49,215	\$208,677	\$1,391,265
Year 4	215	\$49,215	\$208,677	\$1,391,265
Year 5	215	\$49,215	\$208,677	\$1,391,265

The major changes with this renewal are as follows: 1.) Additional safeguards will be implemented by December 31, 2009 to ensure that case managers are assuring choice, developing plans in the best interest of the participant, and monitoring the implementation of the plan of care. 2.) Prevocational services are being removed so that services can more accurately reflect the supports individuals are receiving either through day habilitation or supported employment. 3.) Supported employment is enhanced to include Individual Community Employment Services and Group Supported Employment. 4.) In Home Support services are being removed so that services can more accurately reflect services received either through supported living or personal care. 5.) Respite services are better defined to reflect the CMS guidance that respite services should not be used so the caregiver can go to work but is intended on a short term basis when the caregiver is absent or needs relief. 6.) The Personal Care definition has been expanded to include instrumental activities of daily living. 7.) There is an addition of restrictions on the total units available in Respite and Personal Care. 8.) Skilled Nursing will be an expanded state plan service. 9.) The application also identifies a gap in medication administration. A plan has been developed to implement policy and procedures on medication administration and to train direct service professionals. 10.) There will be a positive impact on beneficiaries resulting from increased State quality oversight over the operation of this waiver. 11.) The State is electing to limit services at any one point in time for each year of the renewal to a maximum of 200 recipients. Specifying a point in time maximum will assist the State in managing waiver expenditures

The waiver services offered are: Case Management; Respite; Occupational Therapy; Specialized Equipment; Prevocational Services; Residential Habilitation; Physical Therapy; Cognitive Retraining; Speech Therapy; Supported Living; Supported Employment; Day Habilitation; Skilled Nursing; Dietician Services; Personal Care; Environmental Modifications; In Home Support.

This approval is subject to your agreement to provide home and community-based services, on an annual basis, to no more individuals than those indicated as the value of "C" in your approved per capita expenditure estimates (shown above).

As part of this renewal, the State has developed a work plan that addresses implementation of the new performance measures. In addition, the work plan identifies the steps that the State will take to design, develop, and implement remediation and improvement strategies that appropriately insure quality throughout the waiver program. In order to realize the work plan for revamping the quality improvement strategy, the appropriate utilization of performance measures and implementation of remediation, CMS is requiring the state utilize Thomson-Reuters for technical assistance for its Quality Improvement Strategy (QIS). Also the State will hold monthly meetings; starting August 2009 in which it will update CMS and Thomson-Reuters on its accomplishments relative to work plan (these monthly monitoring meetings should also be accompanied by written documentation, a format where the State can update the plan with notes on its accomplishments). Once the work plan is achieved, these meetings can stop after formal CMS acknowledgement.

Ms. Terri Green, Medicaid Director Page 3

We would like to thank you and your staff, especially Beverly Swistowicz and Chris Newman with the Developmental Disabilities Division and Kim Latta with the Department of Health, for the cooperation we received during the renewal process. If you have any questions, please feel free to contact Trinia Hunt at (303) 844-7066 or e-mail her at <u>Trinia.Hunt@cms.hhs.gov</u>.

Sincerely,

Richard C. Allen

Associate Regional Administrator

Division of Medicaid and Children's Health Operations

cc: Beverly Swistowicz, ABI Waiver Program Manager, Developmental Disabilities Division Chris Newman, Deputy Administrator/Program Integrity Manager, Developmental Disabilities Division Kim Latta, Programs Coordinator, Wyoming Department of Health

Kirsten Jensen, CMS Ondrea Travis, CMS